

2000 - 2001

OFFICE OF STUDENT ACTIVITIES AND SERVICES (OSAS)

STUDENT ORGANIZATION UPDATE FORM

INSTRUCTIONS: Fill out this form completely. Return this form to the Office of Student Activities and Services (OSAS), Ground Floor, K-State Student Union, if there has been a change in your officer or advisor information. Questions? Please call 532-6541.

NAME OF ORGANIZATION (as it appears in the constitution or statement of purpose):

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OFFICERS FOR 2000 - 2001 SCHOOL YEAR:

	President/Primary Officer	Treasurer/Financial Officer
Name	CHRIS ROSOL (New)	Ben Voigt
Street Address		
City & Zip Code		
Phone Number		
E-Mail Address		
Status	☒ KSU Student ☐ Faculty/Staff	☒ KSU Student ☐ Faculty/Staff

FACULTY/STAFF ADVISOR:

Name Shelli Starrett (OS) E-Mail

Department EECE Building RA Campus Phone

I, the undersigned Primary Officer, on behalf of the organization and with its authority affirm that all information regarding the organization to be true and correct.

Signature of Primary Officer

Date 1-11-01

I, the undersigned Advisor, understand the above requirements for registration and agree to serve as Advisor for the upcoming year. In addition, I understand that as the Advisor I will be cognizant of all organizational activities, aware of financial status and understand and enforce all OSAS policies and procedures.

Signature of Advisor

Date 1/17/2001

Date Submitted: 1/01

Received by:

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Inputted in Access:

02/07/01